	Application or Docket Number													
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003 1/7572.55														·
	- CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN (Column 1) (Column 2) TYPE OR SMALL ENTITY													
T	OTAL CLAIMS			11			,	ſ	RATE	FEE]	RATE	FEE	
FOR				NUMBER	FILED	NUME	SER EXTRA	F	BASIC FEE 385.00		OR	BASIC FEE	770.00	•
TOTAL CHARGEABLE CLAIMS				// mi	nus 20=	2		·	X\$ 9=		OR	X\$18=	·	
INDEPENDENT CLAIMS				(m	inus 3 =	•		 	X43=		OR	X86=		
М	JLTIPLE DEPEN	NDENT (A MIAJ	RESENT					+145=		OR			
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL	الإيد	OR	TOTAL		
CLAIMS AS AMENDED - PART II										<u></u>	3	OTHER		
(Column 1) (Column 2) (Column 3)									SMALL	ENTITY ADDI-	OR 1	SMALL	ADDI-	
AMENDMENT A	4/14/86	AF	UNING TER DMENT		PREVIO PAID	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE	•
S M M M M M M M M M M M M M M M M M M M	Total		ī	Minus	- 2	.0	= O	.[X\$ 9=		OR	X\$18=		
Ä	Independent	•	1	Minus	***	3	= <i>U</i>		X43=	1.7	OR	X86=		
5	FIRST PRESE	NTATIO	N OF M	ULTIPLE DE	PENDENT	CLAIM		-	.145_	 	!	+290=		
	7													i.
(Column 1) (Column 2) (Column 3)									DDIT. FEE		OR	ADOIT, FEE		
	11	(Column 3)	ı		ADDI-	1		ADDI-						
AMENDMENT B	12/5/01	AF	LINING TER D <u>WENT</u>		PREVIO PAID	JUSLY	PRESENT		RATE	TIONAL FEE		RATE	TIONAL FEE	
₩	Total	. /		Minus	- 0	20	= <i>U</i>		x\$ 8=	İ	OR	X\$18=		
	Ind pendent	•	4	Minus		3	- 1 .		X43=	10000	OR	X86=		n a d
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM											+290=		16(12
				L	+145= TOTAL	100,00	OR	TOTAL						
	4-30-07 (Column 2) (Column 3)									10000	·	ADDIT. FEE		
	, ,	<u> COU</u>	min 1) Jims		(Colun		(Column 3)	-			1		4001	
AMENDMENT C	•	REMA	INING TER OMENT	-	PREVIO PAID	PUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	• 1	T^{-}	Minus	-2	0	• —		X\$ 9=	\. /	OR	X\$18=		
S	Independent		4	Minus .	··· 3	3	• —	╽┠	X43=	\ /:		X86=		
Ľ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									l X 	OR			·
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.													
-	r the entry in colu If the "Highest Nu If the "Highest Nu	mber Pres	riously Pr	uld Por' IN THI	S SPACE H	s less tha	n 20, enter "20."	AD	TOTAL DIT. FEE	/· \	OR	TOTAL ADDIT. FEE		·
	The Highest Nurr	ber Previ	custy Pa	d For (Total o	r Independe	ent) is the	highest numbe	r found	d in th' ap	oproprint ba	x in co	lumn 1.		

FORM PTO-675 (Rev. 10/03)

Patient and Trademath Office, U.S. DEPARTMENT OF COMMERC